Emergency Information Form for Children With Special Needs

Patient ID

Today's Date:	Who is completing this form? You must confirm consent to use this form		
Your Name:	Is this the new form or just an update?	☐ Update	☐ New
CONSENT REQUIRED I (above named person) confirm that parent/ guardian consents to the use of this form		☐ **Consent**	
Patient's Name	Nickname		
Birthdate	Address		
Primary language	Parent/guardian name		
Contact phone Home	Emergency contact name		
Contact phone Work	Emergency contact number		
Contact phone Cell			

Facilities & Providers

Care Provider	Provider's name	Specialties	All contact phone numbers (E-mail option)	Fax
Primary care				
Specialist-1				
Specialist-2				
Specialist-3				
Specialist-4				
Specialist-5				
Others				
Primary Pharmacy (branch, phone)				
Anticipated primary emergency department				
Anticipated tertiary care center				

Clinical Baseline

Diagnoses/problem list (list all) starting with most important
Baseline physical findings
Baseline vital signs
Baseline neurologic status
Immunologic competency status
Synopsis of clinical status
Medications (doses, purpose)
Antibiotic prophylaxis (drug, dose, indication)
Significant baseline lab/imaging/diagnostic studies
Prostheses, appliances, advanced technology devices, life support
Allergies: Medications, foods, substances to be avoided and why
Advanced directives (include date of last review) Procedures to be avoided and why

ED Management

Describe common presenting problems/findings		Suggested studies	Treatment recommendations
Problem-1			
Problem-2			
Problem-3			
Problem-4			
Problem-5			
Problems-other			

Comments on child, family, or other specific medical issues

Immunizations

DPT dates	Varicella status
Dtap dates	Hep B dates
OPV or IPV dates	Hep A dates
MMR dates	Meningococcal (Specify which one if possible)
HiB dates	TB status
Pneumococcal-7	HP virus
Other	Other

Disaster Planning & Drills

Check or enter at least two of the most likely disasters that could affect this patient

☐ Power failure	☐ Fire, forest fire
☐ Hurricane	☐ Infrastructure (roads, communication) damage
☐ Tornado	☐ Shelter structure damage
☐ Earthquake	☐ Food and water supply compromise
☐ Flood	☐ Medication, supplies, equipment compromises
☐ Tsunami	☐ Nuclear radiation accident (fallout, meltdown, contamination, detonation, etc.)
☐ Blizzard	☐ Explosion/blast
☐ Avalanche	☐ Other (e.g., terrorism, biological accident, chemical accident, other weather event)
☐ Land/mud slide	
Other (describe)	Other (describe)

Disaster drills reviewed or practiced with patient. Documentation of completed drills and planned dates for future drills.

Date	Disaster type	Example drills:	Describe type of drill
		verbal review	
		Paper review	
		Table top model	
		Computer simulation	
		Hand on practice	
		Equipment review	
		In home review	
		Alternate electrical power	
		Electric generator use	

Medical caregiver or physician's Name: (Print)	**Medical caregiver or physician's signature:**	**Date:**

American College of Emergency Physicians®

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DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Emergency Medical Services